## **Application Data Sheet**

## **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: APPARATUS FOR COMBINED

APPLICATION OF MASSAGE,

ACCUPRESSURE AND BIOMAGNETIC

THERAPY WITH IMPROVED STEEL BALL

**SUPPORTS** 

Attorney Docket Number:: 03924/100M458-US1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: Patrick

Family Name:: Bousfield

City of Residence::

State or Province of Residence::

Country of Residence:: UK

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Status:: Full Capacity

Given Name:: David

Family Name:: Leason

City of Residence:: Chappaqua

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 28 Garey Drive

City of mailing address:: Chappaqua

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10514

Applicant Authority Type:: Inventor

Status:: Full Capacity

Given Name:: Edward

Middle Name:: J.

Family Name:: Ellis

City of Residence:: New York

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 1 Columbus Place

City of mailing address:: New York

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 10019

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Frank

Family Name:: Leparik

City of Residence:: Greenlawn

State or Province of Residence:: NY

Country of Residence:: US

Street of mailing address:: 4 Auburn Drive

City of mailing address:: Greenlawn

State or Province of mailing address:: NY

Postal or Zip Code of mailing address:: 11740

**Correspondence Information** 

Correspondence Customer Number:: 07278

**Representative Information** 

Representative Customer Number:: 07278

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/440,058	01/14/03